



07-02-01

REISSUE

Please type a plus sign (+) inside this box → +

PTO/SB/50 (02-01)

Approved for use through 01/31/2004, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



REISSUE PATENT APPLICATION TRANSMITTAL

<p>Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231 </p>	<p>Attorney Docket No. 41145-1001 First Named Inventor GEORGE R. SCHWARTZ Original Patent Number 5,916,242 Original Patent Issue Date (Month/Day/Year) 06/29/99 Express Mail Label No. _____</p>
<p>APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable box)</i></p>	
<p>APPLICATION ELEMENTS (37 CFR 1.173)</p>	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>)</p> <p>4. <input type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (<i>original or copy</i>) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i></p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i></p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
<p>ACCOMPANYING APPLICATION PARTS</p> <p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. Other:</p>	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label <small style="text-align: center;">(Insert Customer Number or Bar Code label here)</small>		<input type="checkbox"/> Correspondence address below	
Name	05179		
Address	PATENT TRADEMARK OFFICE		
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/Type)	Stephen A. Slusher	Registration No. (Attorney/Agent)	43,924
Signature			
	Date 6/27/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

JC82106/895623
 06/27/01



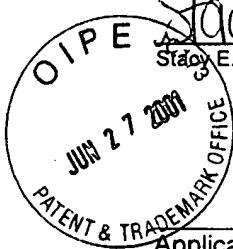
PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 41145-1001			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 5	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ <u>9</u> =		or	x \$ _____ =	
(C) 2	Independent claims (37 CFR 1.16(l))	(D)	* =	x \$ <u>40</u> =			x \$ _____ =	
Basic Fee (37 CFR 1.16(h)) \$ _____						\$ _____		
Total Filing Fee \$ _____						OR \$ _____		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 20	* =	x \$ <u>9</u> =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	*** 4	MINUS	***** 3	=	x \$ <u>40</u> = 40		x \$ _____ =	
					Total Additional Fee \$ <u>395</u>	OR \$ _____		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>13-4213</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>395.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
 Signature of Applicant, Attorney or Agent of Record Stephen A. Slusher, 43,924 Typed or printed name								
June 27, 2001 Date								

REISSUE PATENT APPLICATION

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as Express Mail "Post Office to Address" service, having mailing label number EL847395679US in an envelope addressed to: Box Reissue, Commissioner for Patents, Washington, D.C. 20231, on the date indicated below.



Stacy Jenkins
Stacy E. Jenkins, Paralegal

6/27/01
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GEORGE R. SCHWARTZ

Patent No.: 5,916,242

Issue Date: June 29, 1999

For: APPARATUS FOR RAPID COOLING
OF THE BRAIN AND METHOD OF
PERFORMING SAME

jc821 U.S. PRO
06/27/01
06/27/01
jc821 U.S. PRO
06/27/01

REQUEST FOR ABSTRACT OF TITLE

Box: REISSUE
Commissioner for Patents
Washington, D.C. 20231

Sir:

1. Please prepare a certified Abstract of Title, in respect of the above-identified original patent for placing in the official file of the Reissue application, which is filed herewith.
2. For the fee required by 37 C.F.R. 1.19(b)(4), please find enclosed \$25.00. If any additional fee is required, or any refund is appropriate, please charge such amount to Deposit Account No. 13-4213.

Date: 27 June 2001

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Stephen A. Slusher".

Stephen A. Slusher, Reg. No. 43,924
Direct line: (505) 998-6130

PEACOCK, MYERS & ADAMS, P.C.
Attorneys for Applicant
P.O. Box 26927
Albuquerque, New Mexico 87125-6927
Telephone: 505-998-1500
Facsimile: 505-243-2542
Customer Number 005179